

TOWN OF NATICK
BOARD OF HEALTH
13 EAST CENTRAL STREET
NATICK, MASSACHUSETTS 01760
Telephone 508-647-6460 * Fax 508-647-6466

FEE: \$50.00

APPLICATION FOR LICENSE TO MANUFACTURE
FROZEN DESSERTS AND/OR ICE CREAM

In accordance with the provisions of section 65H of Chapter 94 of the General Laws, as most recently amended, and the regulations made there under, the undersigned hereby applies for a license for the WHOLESALE/RETAIL manufacture of frozen desserts and ice cream mix submits the following information:

1. Full name of applicant: _____

2. Address of business _____

3. Mailing address if different: _____

4. If applicant is an individual:

Full name _____

Residence _____

4a. If applicant is a partnership, full name and address of all partners:

4b. If applicant is a corporation: State of incorporation _____

Date of incorporation: _____

Principal office: _____

Full name and address of:

President: _____

Treasurer: _____

Clerk: _____

5. Location of Plants _____

Over

6. Names of brands and trade or corporation name, if any, under which the products are to be sold:

7. Number and capacity of freezers

8. Is the mix purchased?

If so, from whom purchased?

9. Is the mix pasteurized or not?

10. Number of gallons of frozen desserts and/or ice cream mix sold in Massachusetts during the licensing period

11. Number of gallons of frozen desserts and /or ice cream mix sold in Massachusetts during the previous licensing period

12. Is the plant constructed and equipped as provided in the regulations?

13. Is the water supply public or not?

14. Have you received a copy of the regulations?

I hereby certify that the frozen desserts and/or ice cream mix I sell in Massachusetts will be manufactured in compliance with all laws of the Commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Massachusetts Department of Public Health made thereunder and will be manufactured under sanitary conditions. I attest that the information stated in this application is true and accurate under the pains of penalties of perjury.

(Company owner/officer's signature) _____

Date _____

Title _____

City or Town _____

Telephone Number of Establishment _____